



## FARM LABOR CONTRACTOR ASSIGNMENT OF ACCOUNT OR TIME DEPOSIT

This assignment is for the purpose of fulfilling the requirement of RCW 19.30.040. The undersigned does hereby assign, transfer and set over unto the State of Washington all rights, title and interest in and to \$ \_\_\_\_\_ ( \_\_\_\_\_ thousand and no/100 Dollars) of Account No. \_\_\_\_\_ in the \_\_\_\_\_ (bank name) in the name of \_\_\_\_\_ (assignor) with full power and authority to demand, collect and receive said deposit and to give receipt and acquittance therefore, for the uses and purposes prescribed by said RCW 19.30.040. It is understood and agreed that \_\_\_\_\_ (bank name) holds the said savings account or time deposit in its possession and agrees to hold \$ \_\_\_\_\_ until a release of this assignment is received from the State of Washington. It is further understood that this assignment is subject to judgments which may be rendered against the \_\_\_\_\_ (business name) in accordance with the provisions of RCW 19.30. The deposit will be released to the State of Washington after 30 days notice on demand and with no other condition of release.

Signed and dated at \_\_\_\_\_, Washington, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

### ACCEPTANCE (To be completed by bank personnel)

The undersigned hereby accepts the foregoing assignment of account or time deposit and agrees to hold the funds until an authorized release is received by the state of Washington.

Account #

In the amount of  
\$

Date

Print/type name of depositor

Signature of depositor

Address

City

State ZIP + 4

### Notarized signature of authorized bank personnel

SUBSCRIBED AND SWORN TO BEFORE ME This  
DATE

Notary public in and for the State of Washington

Residing at

My commission expires

Print/type name of authorized bank personnel

Signature of authorized bank personnel

Bank address

City

State ZIP + 4

Phone number

(Notary Seal)